

Exhibit 7

Death Certificate of Donna Chu's
mom at 85, after being sick for
years and needing to be taken care of and
dozens of cross-country visits a year with
local resident health aides helping for a couple of
years. (We live in California, ^{parents} ~~they~~ lived in New Jersey)

**NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

B0008308820

**STATE FILE NUMBER
20160013348**

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Mabel Y Chu				LMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				
2. Sex Female	3. Social Security Number 156-28-0727	4a. Age 85 Years	5. Date of Birth (Mo/Day/Yr) 11/07/1930	
6. Birthplace (City & State/Foreign Country) Helena, Arkansas				
7a. Residence-State New Jersey		7b. County Bergen	7c. Municipality/City Teaneck Township	
7d. Street and Number 558 Gall Court		7e. Apt. No.	7f. Zip Code 07688	7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? No		8b. If Yes, Name of War:		8c. War Service Dates (From/To):
9. Domestic Status at Time of Death Married		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate) James Chu		
11. Father's Name (First, Middle, Last) My Chan Lum				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Shao Young Chu				
13a. Name of Informant Leanne Chu			13b. Relationship to Decedent Daughter	
13c. Mailing Address (Street and Number, City, State, Zip Code) 210 West 70th Street - Apt. 1501, New York City, NY 10023				
14. Method of Disposition Cremation		15. Place of Disposition (name of cemetery, crematory, other) Cedar Lawn Crematory		16. Location- City & State/Foreign Country Paterson City, New Jersey
17. Name and Complete Address of Funeral Facility Volk Leber Funeral Home-Teaneck, 789 Teaneck Rd, Teaneck, NJ 07666-4243				
18. Electronic Signature of Funeral Director Kurt O Larsen			19. NJ License Number 23JP00484500	
20. Decedent Education High school graduate or GED completed		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race Chinese
23. Occupation of Decedent (Type of work done most of life, even if retired) Business Owner		24. Kind of Business/Industry Retail		
25. Name and Address of Last Employer Self Employed, ---				
26. Date Pronounced Dead (Mo/Day/Yr) 03/06/2016		28. Name of Person Pronouncing Death Amit Gupta		
27. Time Pronounced Dead (24-hr) 2220	29. License Number 25MA09613900		30. Date Signed (Mo/Day/Yr) 03/08/2016	
31. Date of Death (Mo/Day/Yr) 03/06/2016	32. Time of Death (24-hr) 2220	33. Was Medical Examiner Contacted? Yes	34. Place of Death Hospital: Emergency Room/Outpatient	
35a. Facility Name (If not institution, give street and number) Hackensack University Medical Center				
35b. Municipality Hackensack City			35c. County Bergen	
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
Immediate Cause a. Cardiopulmonary Arrest			Interval Between Onset and Death 1 hours	
Due to (or as a consequence of): b. Aortic Dissection			1 days	
Due to (or as a consequence of): c. Hypertension			20 years	
Due to (or as a consequence of): d.				
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.			37. Was an Autopsy Performed? No	
			38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State	
44. Describe How Injury Occurred			45. If Transportation Injury:	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? No	49. If Female, Pregnancy State Not applicable	
50. Certifier Type Pronouncer and Certifier		51. Name, Address, and Zip Code of Certifier Amit Gupta Hackensack University Medical Center 30 Prospect Ave, Hackensack, NJ 07601		
52. Electronic Signature of Certifier Amit Gupta		53. License Number 25MA09613900	54. Date Certified (Mo/Day/Yr) 03/06/2016	
55. Electronic Signature of Local Registrar Nicole Diane Martinez		56. District No. V0266	57. Date Received 03/09/2016	Cash ID Number 1617232

Record
Contains
Amendment

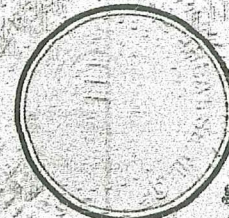
DATE ISSUED: **March 10, 2016**

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied
from a record on file in my office.
Certified copy not valid unless the raised Great
Seal of the State of New Jersey or the seal of the
issuing municipality or county, is affixed hereon.

Vincent T. Arrisi
Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry



REG-42B
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

Exhibit 7

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY